

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/17/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on											
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  PRODUCER  CONTACT											
-					NAME: FAX						
The Hilb Group of Florida 5850 TG Lee Boulevard						PHONE FAX (A/C, No, Ext): (A/C, No, Ext): (A/C, No): EMAIL EMAIL EMAIL EMAIL EMAIL ENC (A/C, No):					
Suite 340						ADDRESS.					
Orla				FL 32822	INSURER(S) AFFORDING COVERAGE					NAIC # 10172	
										10190	
INSURED						Dessey having Manufacture ve Association Insurance Co					
Skye Loch Villas Owners Association, Inc. C/O Ameri-Tech Community Management, Inc.					Ohio Converte la surrance Co					12262	
	24701 US Highway 19 North, St										
COV		TIEIC				ster COI REVISION NUMBER:					
COVERAGES         CERTIFICATE NUMBER:         2024 - 2025 Master COI         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD         INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS           CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
-	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<sub>\$</sub> 1,00	),000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	000	
								MED EXP (Any one person)	\$ 5,00	)	
А				GLWF17804649002	12/13/20	12/13/2024	12/13/2025	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<sub>\$</sub> 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	§ Inclu	ded	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
								EACH OCCURRENCE	\$ 1,00		
В	EXCESS LIAB CLAIMS-MADE 5365127100			12/13/2024	12/13/2025	AGGREGATE	\$ 1,00	0,000			
	DED X RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V / N							PER OTH- STATUTE ER			
с			2024010674515Y		12/13/2024	12/13/2025	E.L. EACH ACCIDENT	\$ 500000			
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	т 💲 500000		
D	Crime - Property Management Included In Coverage			019076784		12/13/2024	12/13/2025	Limit \$200,0		,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CER	TIFICATE HOLDER		NCELLATION								
Information Only						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		AUTHORIZED REPRESENTATIVE									

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AGENCY CUSTOMER ID: 00198504

LOC #:



## ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED								
The Hilb Group of Florida	Skye Loch Villas Owners Association, Inc.								
POLICY NUMBER									
CARRIER	NAIC CODE								
		EFFECTIVE DATE:							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
ORM NUMBER: <sup>25</sup> FORM TITLE: <sup>Certificate of Liability Insurance: Notes</sup>									
COVERAGES CONTINUED									

Directors & Officers @ \$1,000,000 // Carrier: United States Liability Insurance Company //Policy# CAP1555823J // Eff: 12/13/2024-25

PROPERTY:

Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Scottsdale Insurance Company // Policy# CPS8118684 // Eff: 12/13/2024-25 // Total Insured Value \$761,949 // 100% Coinsurance // \$2,500 AOP Deductible // Ordinance of Iaw & Equipment Breakdown Coverage excluded // No Inflation Guard // 168 Homes

HOA - No Residential Building Coverage // Common Area Only

Per florida Statute 627.4133, Notice of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each insured against whom claim is made or "suit" is brought.